

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

HAWAII REPUBLICAN PARTY

ADDRESS (number and street)

725 Kapiolani Blvd., #C-105

Check if different
than previously
reported. (ACC)

HONOLULU

HI

96813

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00085506

3. IS THIS
REPORTNEW
(N)**OR**AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report(Q1)July 15
Quarterly Report(Q2)October 15
Quarterly Report(Q3)January 31
Quarterly Report(YE)July 31 Mid-Year
Report(Non-election
Year Only) (MY)Termination Report
(TER)(b) Monthly
Report
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

in the
State of

5. Covering Period

04

01

2007

through

04

30

2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Katherine Thomason

Signature of Treasurer

Electronically Filed by Katherine Thomason

Date

08

30

2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
HAWAII REPUBLICAN PARTY

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	4	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
0	4	3	0	2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 Y Y Y Y 2007		100716.64
(b) Cash on Hand at Beginning of Reporting Period	250058.43	
(c) Total Receipts (from Line 19)	45716.09	412810.87
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	295774.52	513527.51
7. Total Disbursements (from Line 31)	39267.54	257020.53
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	256506.98	256506.98
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

HAWAII REPUBLICAN PARTY

Report Covering the Period:

From:

M M
0 4D D
0 1Y Y Y Y
2 0 0 7

To:

M M
0 4D D
3 0Y Y Y Y
2 0 0 7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	18900.00	293035.00
(i) Itemized (use Schedule A)	20282.00	87742.50
(ii) Unitemized	39182.00	380777.50
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➤	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➤	39182.00	380777.50
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	1000.00	8975.06
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	21.61	65.53
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	5512.48	22992.78
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	5512.48	22992.78
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	45716.09	412810.87
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	40203.61	389818.09

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	2372.18	10166.31
(i) Federal Share.....		
(ii) Non-Federal Share.....	4217.21	18073.42
(b) Other Federal Operating Expenditures.....	32678.15	228780.80
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	39267.54	257020.53
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	39267.54	257020.53
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	35050.33	238947.11

DETAILED SUMMARY PAGE

of Disbursements

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Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	39182.00	380777.50
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	39182.00	380777.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	35050.33	238947.11
37. Offsets to Operating Expenditures (from Line 15, page 3)	1000.00	8975.06
38. Net Operating Expenditures (subtract Line 37 from Line 36)	34050.33	229972.05

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) Vicente Aquino Mailing Address PO Box 10382 City Honolulu State HI Zip Code 96816 FEC ID number of contributing federal political committee. C Name of Employer State of Hawaii Occupation Labor Appeals Board Member Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 4 / 2 0 0 7 Transaction ID: SA11A1.56944 Amount of Each Receipt this Period 50.00 Federal
B. Full Name (Last, First, Middle Initial) Bennet Baldwin Mailing Address PO Box 400 City Kahului State HI Zip Code 96733 FEC ID number of contributing federal political committee. C Name of Employer Retired Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 6 / 2 0 0 7 Transaction ID: SA11A1.57349 Amount of Each Receipt this Period 100.00 Federal
C. Full Name (Last, First, Middle Initial) Gae Bergquist Trommald Mailing Address 44-666 Kuono PI City Kaneohe State HI Zip Code 96744 FEC ID number of contributing federal political committee. C Name of Employer Communications Pacific Occupation Consultant Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 216.00			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 7 / 2 0 0 7 Transaction ID: SA11A1.57397 Amount of Each Receipt this Period 60.00 Federal

SUBTOTAL of Receipts This Page (optional)

210.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) Gae Bergquist Trommald		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 7 / 2 0 0 7
Mailing Address 44-666 Kuono Pl		Transaction ID: SA11A1.57411
City Kaneohe	State HI	Zip Code 96744
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
Name of Employer Communications Pacific	Occupation Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 276.00	

Federal

B. Full Name (Last, First, Middle Initial) George Berish		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 0 / 2 0 0 7
Mailing Address 88 Piikoi St 4009		Transaction ID: SA11A1.57269
City Honolulu	State HI	Zip Code 96814
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 35.00
Name of Employer Self Employed	Occupation software Developer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	

Federal

C. Full Name (Last, First, Middle Initial) George Berish		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 0 / 2 0 0 7
Mailing Address 88 Piikoi St 4009		Transaction ID: SA11A1.57276
City Honolulu	State HI	Zip Code 96814
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
Name of Employer Self Employed	Occupation software Developer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 345.00	

Federal

SUBTOTAL of Receipts This Page (optional)

155.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) Brian Blundell Mailing Address PO Box 1772 City State Zip Code Lahaina HI 96767 FEC ID number of contributing federal political committee. C Name of Employer Central Pacific Marine Occupation Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 226.00			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 6 / 2 0 0 7 Transaction ID: SA11A1.57367 Amount of Each Receipt this Period 60.00 Federal
B. Full Name (Last, First, Middle Initial) Carter Budge Mailing Address PO Box 826 City State Zip Code Kamuela HI 96743 FEC ID number of contributing federal political committee. C Name of Employer Retired Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 7 / 2 0 0 7 Transaction ID: SA11A1.57197 Amount of Each Receipt this Period 250.00 Federal
C. Full Name (Last, First, Middle Initial) Annie Chan Mailing Address 19770 Stevens Creek Blvd City State Zip Code Cupertino CA 95014 FEC ID number of contributing federal political committee. C Name of Employer CS Rainbow Development Occupation Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 10000.00			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 2 / 2 0 0 7 Transaction ID: SA11A1.56870 Amount of Each Receipt this Period 10000.00 Federal

SUBTOTAL of Receipts This Page (optional)

10310.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) Paul Chesley		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 2 / 2 0 0 7
Mailing Address 3019 Kalakaua Avenue #3		Transaction ID: SA11A1.57428
City Honolulu	State HI	Zip Code 96815
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00
Name of Employer Self	Occupation Freelance Photographer	In-kind - Gift certificate for photo's
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

B. Full Name (Last, First, Middle Initial) Corinne Ching		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 3 / 2 0 0 7
Mailing Address 2040 Nuuanu Ave 1401		Transaction ID: SA11A1.57296
City Honolulu	State HI	Zip Code 96817
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
Name of Employer State Legislature	Occupation Representative	Federal
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 245.00	

C. Full Name (Last, First, Middle Initial) Corinne Ching		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 3 / 2 0 0 7
Mailing Address 2040 Nuuanu Ave 1401		Transaction ID: SA11A1.57304
City Honolulu	State HI	Zip Code 96817
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
Name of Employer State Legislature	Occupation Representative	Federal
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 305.00	

SUBTOTAL of Receipts This Page (optional)

470.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) Robert Finley Mailing Address 2222 Aloha Dr, 704 City Honolulu State HI Zip Code 96815 FEC ID number of contributing federal political committee. C Name of Employer Retired Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 4 / 2 0 0 7 Transaction ID: SA11A1.56928 Amount of Each Receipt this Period 60.00 Federal
B. Full Name (Last, First, Middle Initial) Robert Finley Mailing Address 2222 Aloha Dr, 704 City Honolulu State HI Zip Code 96815 FEC ID number of contributing federal political committee. C Name of Employer Retired Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 280.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 4 / 2 0 0 7 Transaction ID: SA11A1.57006 Amount of Each Receipt this Period 60.00 Federal
C. Full Name (Last, First, Middle Initial) Edna Fujiwara Mailing Address 1561 Kanunu St 1405 City Honolulu State HI Zip Code 96814 FEC ID number of contributing federal political committee. C Name of Employer Retired Occupation teacher Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 685.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 1 / 2 0 0 7 Transaction ID: SA11A1.57280 Amount of Each Receipt this Period 35.00 Federal
SUBTOTAL of Receipts This Page (optional) ▶		155.00
TOTAL This Period (last page this line number only) ▶		

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) Edna Fujiwara		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 1 / 2 0 0 7
Mailing Address 1561 Kanunu St 1405		Transaction ID: SA11A1.57282
City Honolulu	State HI	Zip Code 96814
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
Name of Employer Retired	Occupation teacher	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 745.00	
		Federal

B. Full Name (Last, First, Middle Initial) Edna Fujiwara		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 1 / 2 0 0 7
Mailing Address 1561 Kanunu St 1405		Transaction ID: SA11A1.57284
City Honolulu	State HI	Zip Code 96814
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
Name of Employer Retired	Occupation teacher	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 805.00	
		Federal

C. Full Name (Last, First, Middle Initial) Martha Greenwell		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 7 / 2 0 0 7
Mailing Address PO Box 4220		Transaction ID: SA11A1.57196
City Kailua-Kona	State HI	Zip Code 96745
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Retired	Occupation Homemaker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	
		Federal

SUBTOTAL of Receipts This Page (optional)

270.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. Shirley Hasenyager

Mailing Address 235 Kuuhua PI

City

Kailua

State

HI

Zip Code

96734

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Artist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

445.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 4 / 2 0 0 7

Transaction ID: SA11A1.56905

Amount of Each Receipt this Period

35.00

Federal

Full Name (Last, First, Middle Initial)

B. Shirley Hasenyager

Mailing Address 235 Kuuhua PI

City

Kailua

State

HI

Zip Code

96734

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Artist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

505.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 4 / 2 0 0 7

Transaction ID: SA11A1.56925

Amount of Each Receipt this Period

60.00

Federal

Full Name (Last, First, Middle Initial)

C. Shirley Hasenyager

Mailing Address 235 Kuuhua PI

City

Kailua

State

HI

Zip Code

96734

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Artist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

565.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 4 / 2 0 0 7

Transaction ID: SA11A1.57003

Amount of Each Receipt this Period

60.00

Federal

SUBTOTAL of Receipts This Page (optional)

155.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 13 / 54

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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

A. Shirley Hasenyager

Mailing Address 235 Kuuhua PI

City State Zip Code
 Kailua HI 96734

FEC ID number of contributing federal political committee.

C

Name of Employer
Self EmployedOccupation
Artist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 0 / 2 0 0 7

Transaction ID: SA11A1.57077

Amount of Each Receipt this Period

50.00

Federal

B. Joseph Henao

Mailing Address 1777 Ala Moana Blvd, 107-19

City State Zip Code
 Honolulu HI 96815

FEC ID number of contributing federal political committee.

C

Name of Employer
self employedOccupation
real estate investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 7 / 2 0 0 7

Transaction ID: SA11A1.57183

Amount of Each Receipt this Period

60.00

Federal

C. Joseph Henao

Mailing Address 1777 Ala Moana Blvd, 107-19

City State Zip Code
 Honolulu HI 96815

FEC ID number of contributing federal political committee.

C

Name of Employer
self employedOccupation
real estate investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 7 / 2 0 0 7

Transaction ID: SA11A1.57218

Amount of Each Receipt this Period

60.00

Federal

SUBTOTAL of Receipts This Page (optional)

170.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 54

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) Rita Kama-Kimura Mailing Address 95-1519 Ainamakua Dr 50 City Mililani State HI Zip Code 96789 FEC ID number of contributing federal political committee. C Name of Employer FHLL Occupation Mortgage Lending Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 235.00			Date of Receipt MM / DD / YYYY 04 / 16 / 2007 Transaction ID: SA11A1.57174 Amount of Each Receipt this Period 35.00 Federal
B. Full Name (Last, First, Middle Initial) Rita Kama-Kimura Mailing Address 95-1519 Ainamakua Dr 50 City Mililani State HI Zip Code 96789 FEC ID number of contributing federal political committee. C Name of Employer FHLL Occupation Mortgage Lending Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 295.00			Date of Receipt MM / DD / YYYY 04 / 16 / 2007 Transaction ID: SA11A1.57176 Amount of Each Receipt this Period 60.00 Federal
C. Full Name (Last, First, Middle Initial) Rita Kama-Kimura Mailing Address 95-1519 Ainamakua Dr 50 City Mililani State HI Zip Code 96789 FEC ID number of contributing federal political committee. C Name of Employer FHLL Occupation Mortgage Lending Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 355.00			Date of Receipt MM / DD / YYYY 04 / 16 / 2007 Transaction ID: SA11A1.57178 Amount of Each Receipt this Period 60.00 Federal

SUBTOTAL of Receipts This Page (optional)

155.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 54

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial)
 Quentin Kawanakoa

Mailing Address 971 Mokulua Dr

City State Zip Code
 Kailua HI 96734

FEC ID number of contributing federal political committee.

C

Name of Employer
Self EmployedOccupation
investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 6 / 2 0 0 7

Transaction ID: SA11A1.57342

Amount of Each Receipt this Period

60.00

Federal

B. Full Name (Last, First, Middle Initial)
 Quentin Kawanakoa

Mailing Address 971 Mokulua Dr

City State Zip Code
 Kailua HI 96734

FEC ID number of contributing federal political committee.

C

Name of Employer
Self EmployedOccupation
investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 6 / 2 0 0 7

Transaction ID: SA11A1.57366

Amount of Each Receipt this Period

60.00

Federal

C. Full Name (Last, First, Middle Initial)
 Robert Kessler

Mailing Address 444 Nahua St PH9

City State Zip Code
 Honolulu HI 96815

FEC ID number of contributing federal political committee.

C

Name of Employer
Self Employed KTC TravelOccupation
Travel Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 4 / 2 0 0 7

Transaction ID: SA11A1.56907

Amount of Each Receipt this Period

35.00

Federal

SUBTOTAL of Receipts This Page (optional)

155.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 54

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) Robert Kessler Mailing Address 444 Nahua St PH9 City Honolulu State HI Zip Code 96815 FEC ID number of contributing federal political committee. C Name of Employer Self Employed KTC Travel Occupation Travel Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 295.00			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 4 / 2 0 0 7 Transaction ID: SA11A1.56927 Amount of Each Receipt this Period 60.00 Federal
B. Full Name (Last, First, Middle Initial) Robert Kessler Mailing Address 444 Nahua St PH9 City Honolulu State HI Zip Code 96815 FEC ID number of contributing federal political committee. C Name of Employer Self Employed KTC Travel Occupation Travel Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 355.00			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 4 / 2 0 0 7 Transaction ID: SA11A1.57005 Amount of Each Receipt this Period 60.00 Federal
C. Full Name (Last, First, Middle Initial) Adrienne King Mailing Address 1163 Kaeleku St City Honolulu State HI Zip Code 96825 FEC ID number of contributing federal political committee. C Name of Employer King & King Occupation Attorney Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 321.00			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 3 / 2 0 0 7 Transaction ID: SA11A1.57286 Amount of Each Receipt this Period 21.00 Federal
SUBTOTAL of Receipts This Page (optional) ▶			141.00
TOTAL This Period (last page this line number only) ▶			

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 54

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. Adrienne King

Mailing Address 1163 Kaeleku St

City State Zip Code
Honolulu HI 96825

FEC ID number of contributing
federal political committee.

C

Name of Employer
King & King

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

356.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 3 / 2 0 0 7

Transaction ID: SA11A1.57288

Amount of Each Receipt this Period

35.00

Federal

Full Name (Last, First, Middle Initial)

B. Adrienne King

Mailing Address 1163 Kaeleku St

City State Zip Code
Honolulu HI 96825

FEC ID number of contributing
federal political committee.

C

Name of Employer
King & King

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

476.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 3 / 2 0 0 7

Transaction ID: SA11A1.57294

Amount of Each Receipt this Period

120.00

Federal

Full Name (Last, First, Middle Initial)

C. Adrienne King

Mailing Address 1163 Kaeleku St

City State Zip Code
Honolulu HI 96825

FEC ID number of contributing
federal political committee.

C

Name of Employer
King & King

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

536.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 3 / 2 0 0 7

Transaction ID: SA11A1.57302

Amount of Each Receipt this Period

60.00

Federal

SUBTOTAL of Receipts This Page (optional)

215.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 54

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) Charles King		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 0 / 2 0 0 7
Mailing Address 6412 Kalama Rd		Transaction ID: SA11A1.57079
City Kapaa	State HI	Zip Code 96746
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer King Windward Nissan	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Federal

B. Full Name (Last, First, Middle Initial) Leonard Klompus		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 4 / 2 0 0 7
Mailing Address 801 S King St 2004		Transaction ID: SA11A1.57008
City Honolulu	State HI	Zip Code 96813
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
Name of Employer State of Hawaii	Occupation Senior Advisor for Communications	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	

Federal

C. Full Name (Last, First, Middle Initial) Marcia Klompus		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 4 / 2 0 0 7
Mailing Address 801 S King St 2004		Transaction ID: SA11A1.57009
City Honolulu	State HI	Zip Code 96813
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
Name of Employer State of Hawaii	Occupation Director of Scheduling	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	

Federal

SUBTOTAL of Receipts This Page (optional)

620.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 54

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. George Krueger

Mailing Address 1568 Molina St

City

Honolulu

State

HI

Zip Code

96818

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 7 / 2 0 0 7

Transaction ID: SA11A1.57383

Amount of Each Receipt this Period

35.00

Federal

Full Name (Last, First, Middle Initial)

B. George Krueger

Mailing Address 1568 Molina St

City

Honolulu

State

HI

Zip Code

96818

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 7 / 2 0 0 7

Transaction ID: SA11A1.57410

Amount of Each Receipt this Period

60.00

Federal

Full Name (Last, First, Middle Initial)

C. Leslie Lam

Mailing Address 47-135 Kaimalolo PI

City

Kaneohe

State

HI

Zip Code

96744

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Heart AssociationOccupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 0 / 2 0 0 7

Transaction ID: SA11A1.57081

Amount of Each Receipt this Period

50.00

Federal

SUBTOTAL of Receipts This Page (optional)

145.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 54

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) Sheila Leas Mailing Address 2141 Mohala Way City Honolulu State HI Zip Code 96822 FEC ID number of contributing federal political committee. C Name of Employer Homemaker Occupation Homemaker Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 405.00			Date of Receipt MM / DD / YYYY 04 / 19 / 2007 Transaction ID: SA11A1.57225 Amount of Each Receipt this Period 35.00 Federal
B. Full Name (Last, First, Middle Initial) Sheila Leas Mailing Address 2141 Mohala Way City Honolulu State HI Zip Code 96822 FEC ID number of contributing federal political committee. C Name of Employer Homemaker Occupation Homemaker Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 465.00			Date of Receipt MM / DD / YYYY 04 / 19 / 2007 Transaction ID: SA11A1.57230 Amount of Each Receipt this Period 60.00 Federal
C. Full Name (Last, First, Middle Initial) Sheila Leas Mailing Address 2141 Mohala Way City Honolulu State HI Zip Code 96822 FEC ID number of contributing federal political committee. C Name of Employer Homemaker Occupation Homemaker Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 525.00			Date of Receipt MM / DD / YYYY 04 / 19 / 2007 Transaction ID: SA11A1.57258 Amount of Each Receipt this Period 60.00 Federal
SUBTOTAL of Receipts This Page (optional) ▶			155.00
TOTAL This Period (last page this line number only) ▶			

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 54

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) Julie Lee Mailing Address 644 Kahiau Lp City Honolulu State HI Zip Code 96821 FEC ID number of contributing federal political committee. C Name of Employer Homemaker Occupation Homemaker Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1021.00			Date of Receipt MM / DD / YYYY 04 / 04 / 2007 Transaction ID: SA11A1.56895 Amount of Each Receipt this Period 21.00 Federal
B. Full Name (Last, First, Middle Initial) Julie Lee Mailing Address 644 Kahiau Lp City Honolulu State HI Zip Code 96821 FEC ID number of contributing federal political committee. C Name of Employer Homemaker Occupation Homemaker Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1056.00			Date of Receipt MM / DD / YYYY 04 / 04 / 2007 Transaction ID: SA11A1.56904 Amount of Each Receipt this Period 35.00 Federal
C. Full Name (Last, First, Middle Initial) Julie Lee Mailing Address 644 Kahiau Lp City Honolulu State HI Zip Code 96821 FEC ID number of contributing federal political committee. C Name of Employer Homemaker Occupation Homemaker Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1116.00			Date of Receipt MM / DD / YYYY 04 / 04 / 2007 Transaction ID: SA11A1.56924 Amount of Each Receipt this Period 60.00 Federal

SUBTOTAL of Receipts This Page (optional)

116.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 54

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) Julie Lee		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 4 / 2 0 0 7
Mailing Address 644 Kahiau Lp		Transaction ID: SA11A1.57002
City Honolulu	State HI	Zip Code 96821
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
Name of Employer Homemaker	Occupation Homemaker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1176.00	

Federal

B. Full Name (Last, First, Middle Initial) Willes Lee		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 4 / 2 0 0 7
Mailing Address 644 Kahiau Lp		Transaction ID: SA11A1.56929
City Honolulu	State HI	Zip Code 96821
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
Name of Employer retired LTC	Occupation Sales	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 216.00	

Federal

C. Full Name (Last, First, Middle Initial) Willes Lee		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 4 / 2 0 0 7
Mailing Address 644 Kahiau Lp		Transaction ID: SA11A1.57007
City Honolulu	State HI	Zip Code 96821
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
Name of Employer retired LTC	Occupation Sales	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 276.00	

Federal

SUBTOTAL of Receipts This Page (optional)

180.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 54

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) Dorvin Leis Mailing Address 1640 Halama St City Kihei State HI Zip Code 96753 FEC ID number of contributing federal political committee. C Name of Employer Dorvin D. Leis Co, Inc. Occupation Corporate Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 8655.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 3 / 2 0 0 7 Transaction ID: SA11A1.57310 Amount of Each Receipt this Period 1000.00 Federal
B. Full Name (Last, First, Middle Initial) Linda Lingle Mailing Address 320 S Beretania St City Honolulu State HI Zip Code 96813 FEC ID number of contributing federal political committee. C Name of Employer State of Hawaii Occupation Governor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 255.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 4 / 2 0 0 7 Transaction ID: SA11A1.57010 Amount of Each Receipt this Period 60.00 Federal
C. Full Name (Last, First, Middle Initial) Elizabeth Moore Mailing Address 1011 Kaloaloe St City Honolulu State HI Zip Code 96825 FEC ID number of contributing federal political committee. C Name of Employer Realty Group Occupation realtor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 5 / 2 0 0 7 Transaction ID: SA11A1.57327 Amount of Each Receipt this Period 60.00 Federal

SUBTOTAL of Receipts This Page (optional)

1120.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 54

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial)
Ric Noyle
Mailing Address 836 Ocena View

City State Zip Code
Honolulu HI 96816

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ric Noyle Photography

Occupation
Photograher

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 1 / 2 0 0 7

Transaction ID: SA11A1.57425

Amount of Each Receipt this Period

1000.00

In-kind - Photo session
w/ first lady

B. Full Name (Last, First, Middle Initial)
Betty O'Connell
Mailing Address 45 Kai Ala Dr 181

City State Zip Code
Lahaina HI 96761

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 9 / 2 0 0 7

Transaction ID: SA11A1.57262

Amount of Each Receipt this Period

60.00

Federal

C. Full Name (Last, First, Middle Initial)
Kymberly Pine
Mailing Address 91-1017 Kaiamaloo St

City State Zip Code
Ewa Beach HI 96706

FEC ID number of contributing
federal political committee.

C

Name of Employer
State of Hawaii

Occupation
Representative

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 9 / 2 0 0 7

Transaction ID: SA11A1.57031

Amount of Each Receipt this Period

35.00

Federal

SUBTOTAL of Receipts This Page (optional)

1095.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) Kymberly Pine Mailing Address 91-1017 Kaiamalo St City Ewa Beach State HI Zip Code 96706 FEC ID number of contributing federal political committee. C Name of Employer State of Hawaii Occupation Representative Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 280.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 9 / 2 0 0 7 Transaction ID: SA11A1.57034 Amount of Each Receipt this Period 60.00 Federal
B. Full Name (Last, First, Middle Initial) Kymberly Pine Mailing Address 91-1017 Kaiamalo St City Ewa Beach State HI Zip Code 96706 FEC ID number of contributing federal political committee. C Name of Employer State of Hawaii Occupation Representative Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 340.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 9 / 2 0 0 7 Transaction ID: SA11A1.57036 Amount of Each Receipt this Period 60.00 Federal
C. Full Name (Last, First, Middle Initial) Robert Piper Mailing Address 2152 Booth Rd City Honolulu State HI Zip Code 96813 FEC ID number of contributing federal political committee. C Name of Employer State of Hawaii Lt Gov Occupation Deputy Director B & F Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 370.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 7 / 2 0 0 7 Transaction ID: SA11A1.57396 Amount of Each Receipt this Period 120.00 Federal

SUBTOTAL of Receipts This Page (optional)

240.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) Robert Piper		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 7 / 2 0 0 7
Mailing Address 2152 Booth Rd		Transaction ID: SA11A1.57409
City Honolulu	State HI	Zip Code 96813
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
Name of Employer State of Hawaii Lt Gov	Occupation Deputy Director B & F	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 430.00	

Federal

B. Full Name (Last, First, Middle Initial) Philip Powers		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 4 / 2 0 0 7
Mailing Address 1350 Ala Moana Blvd 1509		Transaction ID: SA11A1.57012
City Honolulu	State HI	Zip Code 96814
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
Name of Employer Retired	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 221.00	

Federal

C. Full Name (Last, First, Middle Initial) Robert Reiersen		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 0 / 2 0 0 7
Mailing Address 2626 Terrace Dr		Transaction ID: SA11A1.57082
City Honolulu	State HI	Zip Code 96822
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Motor Supply, Ltd.	Occupation Pres. & Gen. Man.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 202.00	

Federal

SUBTOTAL of Receipts This Page (optional)

270.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. Thomas Rienzi

Mailing Address 4389 Malia St. 531

City State Zip Code
 Honolulu HI 96821

FEC ID number of contributing federal political committee.

C

Name of Employer
Catholic Bishop of HawaiiOccupation
Deacon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 6 / 2 0 0 7

Transaction ID: SA11A1.57351

Amount of Each Receipt this Period

250.00

Federal

Full Name (Last, First, Middle Initial)

B. Gregory Ruhland

Mailing Address 28 Makakai PI

City State Zip Code
 Hilo HI 96720

FEC ID number of contributing federal political committee.

C

Name of Employer
HIPCOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 9 / 2 0 0 7

Transaction ID: SA11A1.57226

Amount of Each Receipt this Period

35.00

Federal

Full Name (Last, First, Middle Initial)

C. Gregory Ruhland

Mailing Address 28 Makakai PI

City State Zip Code
 Hilo HI 96720

FEC ID number of contributing federal political committee.

C

Name of Employer
HIPCOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 9 / 2 0 0 7

Transaction ID: SA11A1.57231

Amount of Each Receipt this Period

60.00

Federal

SUBTOTAL of Receipts This Page (optional)

345.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) Gregory Ruhland Mailing Address 28 Makakai Pl City Hilo State HI Zip Code 96720 FEC ID number of contributing federal political committee. C Name of Employer HIPC Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 405.00		Date of Receipt MM / DD / YYYY 04 / 19 / 2007 Transaction ID: SA11A1.57259 Amount of Each Receipt this Period 60.00 Federal
B. Full Name (Last, First, Middle Initial) Marie Ruhland Mailing Address 28 Makakai Pl City Hilo State HI Zip Code 96720 FEC ID number of contributing federal political committee. C Name of Employer Self Employed Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 205.00		Date of Receipt MM / DD / YYYY 04 / 19 / 2007 Transaction ID: SA11A1.57263 Amount of Each Receipt this Period 60.00 Federal
C. Full Name (Last, First, Middle Initial) Anne Sutton Mailing Address 3539 Kahawalu Dr City Honolulu State HI Zip Code 96817 FEC ID number of contributing federal political committee. C Name of Employer Retired Occupation retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1300.00		Date of Receipt MM / DD / YYYY 04 / 04 / 2007 Transaction ID: SA11A1.56902 Amount of Each Receipt this Period 35.00 Federal
SUBTOTAL of Receipts This Page (optional) ▶		155.00
TOTAL This Period (last page this line number only) ▶		

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) Anne Sutton Mailing Address 3539 Kahawalu Dr City Honolulu State HI Zip Code 96817 FEC ID number of contributing federal political committee. C Name of Employer Retired Occupation retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1360.00		Date of Receipt MM / DD / YYYY 04 / 04 / 2007 Transaction ID: SA11A1.56922 Amount of Each Receipt this Period 60.00 Federal
B. Full Name (Last, First, Middle Initial) Anne Sutton Mailing Address 3539 Kahawalu Dr City Honolulu State HI Zip Code 96817 FEC ID number of contributing federal political committee. C Name of Employer Retired Occupation retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1420.00		Date of Receipt MM / DD / YYYY 04 / 04 / 2007 Transaction ID: SA11A1.57000 Amount of Each Receipt this Period 60.00 Federal
C. Full Name (Last, First, Middle Initial) Carol Thomas Mailing Address 1189 Akamai St City Kailua State HI Zip Code 96734 FEC ID number of contributing federal political committee. C Name of Employer Retired Occupation HECO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 415.00		Date of Receipt MM / DD / YYYY 04 / 23 / 2007 Transaction ID: SA11A1.57289 Amount of Each Receipt this Period 35.00 Federal
SUBTOTAL of Receipts This Page (optional) ▶		155.00
TOTAL This Period (last page this line number only) ▶		

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) Carol Thomas Mailing Address 1189 Akamai St City Kailua State HI Zip Code 96734 FEC ID number of contributing federal political committee. C Name of Employer Retired Occupation HECO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 475.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 3 / 2 0 0 7 Transaction ID: SA11A1.57295 Amount of Each Receipt this Period 60.00 Federal
B. Full Name (Last, First, Middle Initial) Carol Thomas Mailing Address 1189 Akamai St City Kailua State HI Zip Code 96734 FEC ID number of contributing federal political committee. C Name of Employer Retired Occupation HECO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 535.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 3 / 2 0 0 7 Transaction ID: SA11A1.57303 Amount of Each Receipt this Period 60.00 Federal
C. Full Name (Last, First, Middle Initial) Katherine Thomason Mailing Address 44-166 Nanamoana St City Kaneohe State HI Zip Code 96744 FEC ID number of contributing federal political committee. C Name of Employer IMS Occupation Accountant Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 926.89		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 4 / 2 0 0 7 Transaction ID: SA11A1.56896 Amount of Each Receipt this Period 21.00 Federal

SUBTOTAL of Receipts This Page (optional)

141.00

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) Katherine Thomason		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 7
Mailing Address 44-166 Nanamoana St		Transaction ID: SA11A1.56906
City Kaneohe	State HI	Zip Code 96744
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 35.00
Name of Employer IMS	Occupation Accountant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 961.89	

Federal

B. Full Name (Last, First, Middle Initial) Katherine Thomason		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 7
Mailing Address 44-166 Nanamoana St		Transaction ID: SA11A1.56926
City Kaneohe	State HI	Zip Code 96744
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
Name of Employer IMS	Occupation Accountant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1021.89	

Federal

C. Full Name (Last, First, Middle Initial) Katherine Thomason		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 7
Mailing Address 44-166 Nanamoana St		Transaction ID: SA11A1.57004
City Kaneohe	State HI	Zip Code 96744
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
Name of Employer IMS	Occupation Accountant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1081.89	

Federal

SUBTOTAL of Receipts This Page (optional)

155.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) Katherine Thomason		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 7
Mailing Address 44-166 Nanamoana St		Transaction ID: SA11A1.57078
City Kaneohe	State HI	Zip Code 96744
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer IMS	Occupation Accountant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1181.89	

Federal

B. Full Name (Last, First, Middle Initial) Terry Thomason		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 7
Mailing Address 44-166 Nanamoana St		Transaction ID: SA11A1.57011
City Kaneohe	State HI	Zip Code 96744
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
Name of Employer Alston Hunt Floyd & Ing	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 226.00	

Federal

C. Full Name (Last, First, Middle Initial) Travis Thompson		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 7
Mailing Address 89 Pukolu Way		Transaction ID: SA11A1.56903
City Wailea	State HI	Zip Code 96753
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 35.00
Name of Employer Retired	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1035.00	

Federal

SUBTOTAL of Receipts This Page (optional)

195.00

TOTAL This Period (last page this line number only)

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Use separate schedule(s)
or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. Travis Thompson

Mailing Address 89 Pukolu Way

City State Zip Code
 Wailea HI 96753

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1095.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 0 4 / 2 0 0 7

Transaction ID: SA11A1.56923

Amount of Each Receipt this Period

60.00

Federal

Full Name (Last, First, Middle Initial)

B. Travis Thompson

Mailing Address 89 Pukolu Way

City State Zip Code
 Wailea HI 96753

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1155.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 0 4 / 2 0 0 7

Transaction ID: SA11A1.57001

Amount of Each Receipt this Period

60.00

Federal

Full Name (Last, First, Middle Initial)

C. Travis Thompson

Mailing Address 89 Pukolu Way

City State Zip Code
 Wailea HI 96753

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1305.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 1 0 / 2 0 0 7

Transaction ID: SA11A1.57076

Amount of Each Receipt this Period

150.00

Federal

SUBTOTAL of Receipts This Page (optional)

270.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial)

Michele Van Hessen

Mailing Address 3936 Lanipili Pl

City State Zip Code
Honolulu HI 96816

FEC ID number of contributing
federal political committee.

C

Name of Employer
Aloha Film & Television
Productions

Occupation
Photographer/Writer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 7 / 2 0 0 7

Transaction ID: SA11A1.57412

Amount of Each Receipt this Period

60.00

Federal

B. Full Name (Last, First, Middle Initial)

Gene Ward

Mailing Address 875 Puuomao St

City State Zip Code
Honolulu HI 96825

FEC ID number of contributing
federal political committee.

C

Name of Employer
State of Hawaii

Occupation
Representative

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 5 / 2 0 0 7

Transaction ID: SA11A1.57311

Amount of Each Receipt this Period

35.00

Federal

C. Full Name (Last, First, Middle Initial)

Gene Ward

Mailing Address 875 Puuomao St

City State Zip Code
Honolulu HI 96825

FEC ID number of contributing
federal political committee.

C

Name of Employer
State of Hawaii

Occupation
Representative

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 5 / 2 0 0 7

Transaction ID: SA11A1.57319

Amount of Each Receipt this Period

60.00

Federal

SUBTOTAL of Receipts This Page (optional)

155.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) Gene Ward		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 5 / 2 0 0 7
Mailing Address 875 Puuomao St		Transaction ID: SA11A1.57326
City Honolulu	State HI	Zip Code 96825
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
Name of Employer State of Hawaii	Occupation Representative	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	
		Federal

B. Full Name (Last, First, Middle Initial) Maria Weber		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 0 / 2 0 0 7
Mailing Address 216 Wahioli Way		Transaction ID: SA11A1.57039
City Lahaina	State HI	Zip Code 96761
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 21.00
Name of Employer Retired	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 371.00	
		Federal

C. Full Name (Last, First, Middle Initial) Maria Weber		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 0 / 2 0 0 7
Mailing Address 216 Wahioli Way		Transaction ID: SA11A1.57044
City Lahaina	State HI	Zip Code 96761
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 35.00
Name of Employer Retired	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 406.00	
		Federal

SUBTOTAL of Receipts This Page (optional)

116.00

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) Maria Weber		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 0 / 2 0 0 7
Mailing Address 216 Wahioli Way		Transaction ID: SA11A1.57050
City Lahaina	State HI	Zip Code 96761
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
Name of Employer Retired	Occupation Retired	Federal
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 466.00	

B. Full Name (Last, First, Middle Initial) Maria Weber		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 0 / 2 0 0 7
Mailing Address 216 Wahioli Way		Transaction ID: SA11A1.57147
City Lahaina	State HI	Zip Code 96761
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
Name of Employer Retired	Occupation Retired	Federal
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 526.00	

C. Full Name (Last, First, Middle Initial) Sanford Whiting		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 2 / 2 0 0 7
Mailing Address Box 9912		Transaction ID: SA11A1.56871
City Rancho Santa Fe	State CA	Zip Code 92067
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Retired	Occupation Retired	Federal
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)

270.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 54

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) Kay Williamson Mailing Address 492 Kekupua St City Honolulu State HI Zip Code 96825 FEC ID number of contributing federal political committee. C Name of Employer Homemaker Occupation Homemaker Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 255.00			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 9 / 2 0 0 7 Transaction ID: SA11A1.57261 Amount of Each Receipt this Period 60.00 Federal
B. Full Name (Last, First, Middle Initial) Anita Wong Mailing Address 1615 Hoaina PI City Honolulu State HI Zip Code 96821 FEC ID number of contributing federal political committee. C Name of Employer Retired Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 221.00			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 0 / 2 0 0 7 Transaction ID: SA11A1.57266 Amount of Each Receipt this Period 21.00 Federal
C. Full Name (Last, First, Middle Initial) Anita Wong Mailing Address 1615 Hoaina PI City Honolulu State HI Zip Code 96821 FEC ID number of contributing federal political committee. C Name of Employer Retired Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 256.00			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 0 / 2 0 0 7 Transaction ID: SA11A1.57268 Amount of Each Receipt this Period 35.00 Federal

SUBTOTAL of Receipts This Page (optional)

116.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 54

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. Anita Wong

Mailing Address 1615 Hoaina PI

City State Zip Code
Honolulu HI 96821

FEC ID number of contributing federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

316.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 0 / 2 0 0 7

Transaction ID: SA11A1.57272

Amount of Each Receipt this Period

60.00

Federal

Full Name (Last, First, Middle Initial)

B. Anita Wong

Mailing Address 1615 Hoaina PI

City State Zip Code
Honolulu HI 96821

FEC ID number of contributing federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

376.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 0 / 2 0 0 7

Transaction ID: SA11A1.57275

Amount of Each Receipt this Period

60.00

Federal

Full Name (Last, First, Middle Initial)

C. Anita Wong

Mailing Address 1615 Hoaina PI

City State Zip Code
Honolulu HI 96821

FEC ID number of contributing federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

411.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 6 / 2 0 0 7

Transaction ID: SA11A1.57350

Amount of Each Receipt this Period

35.00

Federal

SUBTOTAL of Receipts This Page (optional)

155.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 54

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) Roy Yamada Mailing Address 1740 S Beretania St 31 City Honolulu State HI Zip Code 96826 FEC ID number of contributing federal political committee. C Name of Employer Retired Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00			Date of Receipt MM / DD / YYYY 04 / 04 / 2007 Transaction ID: SA11A1.56943 Amount of Each Receipt this Period 50.00 Federal
B. Full Name (Last, First, Middle Initial) Kimiko Yamasaki Mailing Address 1561 Kanunu St 1403 City Honolulu State HI Zip Code 96814 FEC ID number of contributing federal political committee. C Name of Employer Retired Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 205.00			Date of Receipt MM / DD / YYYY 04 / 21 / 2007 Transaction ID: SA11A1.57285 Amount of Each Receipt this Period 60.00 Federal
C. Full Name (Last, First, Middle Initial) Lloyd Yonenaka Mailing Address PO Box 2333 City Honolulu State HI Zip Code 96804 FEC ID number of contributing federal political committee. C Name of Employer State of Hawaii Occupation Administrator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 390.00			Date of Receipt MM / DD / YYYY 04 / 19 / 2007 Transaction ID: SA11A1.57260 Amount of Each Receipt this Period 60.00 Federal

SUBTOTAL of Receipts This Page (optional)

170.00

TOTAL This Period (last page this line number only)

18900.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 54

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial)
MARRIOTT WAILEA BEACH RESORT

Mailing Address 3700 WAILEA ALANUI

City State Zip Code
 KIHEI HI 96753

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 0 / 2 0 0 7

Transaction ID: SA15.57542

Amount of Each Receipt this Period

1000.00

Refund for facility usage

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

1000.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. AMERICAN EXPRESS

Mailing Address BOX 0001

City
LOS ANGELES

State
CA

Zip Code
90096

Purpose of Disbursement
COSTCO - OFFICE SUPPLIES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.57515

Date of Disbursement

/ /

Amount of Each Disbursement this Period

176.26

Full Name (Last, First, Middle Initial)

B. Joanne Bretschneider

Mailing Address 725 Kapiolani Blvd 2702

City
Honolulu

State
HI

Zip Code
96813

Purpose of Disbursement
REIMBURSEMENT

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.57508

Date of Disbursement

/ /

Amount of Each Disbursement this Period

63.48

Full Name (Last, First, Middle Initial)

C. CHASE CARD SERVICES

Mailing Address CARDMEMBER SERVICE
PO BOX 94014

City
PALATINE

State
IL

Zip Code
60094

Purpose of Disbursement
CREDIT CARD PAYMENT

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.57518

Date of Disbursement

/ /

Amount of Each Disbursement this Period

9198.55

SUBTOTAL of Disbursements This Page (optional)

9438.29

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. STORQUEST - KAKA AKO

Mailing Address 850 KAWAIAHAO ST #4

City HONOLULU State HI Zip Code 96813

Purpose of Disbursement
Storage

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.57518.1

Date of Disbursement

04 / 16 / 2007

Amount of Each Disbursement this Period

171.94

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. CINGULAR WIRELESS

Mailing Address PO BOX 30178

City LOS ANGELES State CA Zip Code 90030

Purpose of Disbursement
Cellular Service

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.57518.2

Date of Disbursement

04 / 16 / 2007

Amount of Each Disbursement this Period

178.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Hawaiian Airlines

Mailing Address Honolulu International Airport

City Honolulu State HI Zip Code 96819

Purpose of Disbursement
Travel - neighbor Islands

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.57518.3

Date of Disbursement

04 / 16 / 2007

Amount of Each Disbursement this Period

469.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 43 / 54

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. ALOHA AIRLINES

Mailing Address 2255 KUHIO AVE. #901

City HONOLULU State HI Zip Code 96815

Purpose of Disbursement
Travel - Neighbor Islands

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.57518.4

Date of Disbursement

04 / 16 / 2007

Amount of Each Disbursement this Period

139.60

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Fisher Hawaii

Mailing Address 924 Auahi Street

City Honolulu State HI Zip Code 95814

Purpose of Disbursement
Office Supplies

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.57518.8

Date of Disbursement

04 / 16 / 2007

Amount of Each Disbursement this Period

238.18

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. INTERCALL

Mailing Address PO BOX 281866

City ATLANTA State GA Zip Code 30384

Purpose of Disbursement
Telephone conference service

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.57518.13

Date of Disbursement

04 / 16 / 2007

Amount of Each Disbursement this Period

2113.01

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 44 / 54

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. OCEANIC CABLE

Mailing Address P.O. BOX 30050

City HONOLULU State HI Zip Code 96820

Purpose of Disbursement
Internet Cable Service

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.57518.18

Date of Disbursement

04 / 16 / 2007

Amount of Each Disbursement this Period

109.86

[MEMO ITEM]

B. Prince Hotels - Maui Prince

Mailing Address 5400 Makena Alanui Street

City Makena State HI Zip Code 96753

Purpose of Disbursement
Deposit - Annual State Convention

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.57518.19

Date of Disbursement

04 / 16 / 2007

Amount of Each Disbursement this Period

5000.00

[MEMO ITEM]

C. Paul Chesley

Mailing Address 3019 Kalakaua Avenue #3

City Honolulu State HI Zip Code 96815

Purpose of Disbursement
In-kind - Gift certificate for photo's

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.57430

Date of Disbursement

04 / 02 / 2007

Amount of Each Disbursement this Period

350.00

SUBTOTAL of Disbursements This Page (optional)

350.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 45 / 54

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. CINGULAR WIRELESS

Mailing Address PO BOX 30178

City LOS ANGELES State CA Zip Code 90030

Purpose of Disbursement
TELEPHONE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.57519

Date of Disbursement

/ /

Amount of Each Disbursement this Period

242.99

B. EDWARD ENTERPRISES INC.

Mailing Address PO BOX 30468

City HONOLULU State HI Zip Code 96820

Purpose of Disbursement
PRINTING: GOV BALL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.57520

Date of Disbursement

/ /

Amount of Each Disbursement this Period

416.66

C. EDWARD ENTERPRISES INC.

Mailing Address PO BOX 30468

City HONOLULU State HI Zip Code 96820

Purpose of Disbursement
PRINTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.57521

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5476.03

SUBTOTAL of Disbursements This Page (optional)

6135.68

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 46 / 54

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HAWAII REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial)
EDWARD ENTERPRISES INC.

Mailing Address PO BOX 30468

City HONOLULU State HI Zip Code 96820

Purpose of Disbursement
PRINTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.57522

Date of Disbursement

04 / 20 / 2007

Amount of Each Disbursement this Period

11408.37

B. Full Name (Last, First, Middle Initial)
HEARTLAND PAYMENT SYSTEM

Mailing Address 1437 YOUNGSTOWN CENTER HWY 62

City JEFFERSONVILLE State IN Zip Code 47130

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.57524

Date of Disbursement

04 / 03 / 2007

Amount of Each Disbursement this Period

1749.48

C. Full Name (Last, First, Middle Initial)
Joseph Henao

Mailing Address 1777 Ala Moana Blvd, 107-19

City Honolulu State HI Zip Code 96815

Purpose of Disbursement
Fisher Hawaii - Office Supplies

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.57509

Date of Disbursement

04 / 03 / 2007

Amount of Each Disbursement this Period

39.15

SUBTOTAL of Disbursements This Page (optional)

13197.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 47 / 54

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HAWAII REPUBLICAN PARTY

A. Cynthia Lee Full Name (Last, First, Middle Initial) Mailing Address 725 Kapiolani Apt 2701 City Honolulu State HI Zip Code 96813 Purpose of Disbursement PARKING Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB21B.57507 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 7 Amount of Each Disbursement this Period 65.00
B. Keith Nakano Full Name (Last, First, Middle Initial) Mailing Address 1612 Gulick Ave City Honolulu State HI Zip Code 96819 Purpose of Disbursement CINGULAR WIRELESS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB21B.57510 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 9 / 2 0 0 7 Amount of Each Disbursement this Period 46.08
C. NEXTEL PARTNERS Full Name (Last, First, Middle Initial) Mailing Address PO BOX 4192 City CAROL STREAM State IL Zip Code 60197 Purpose of Disbursement TELEPHONE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB21B.57526 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 7 Amount of Each Disbursement this Period 199.66

SUBTOTAL of Disbursements This Page (optional)

310.74

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HAWAII REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) Ric Noyle		Transaction ID: SB21B.57427 Date of Disbursement <div> <div>04</div> <div>01</div> <div>2007</div> </div>	
Mailing Address 836 Ocena View		Amount of Each Disbursement this Period <div>1000.00</div>	
City Honolulu	State HI	Zip Code 96816	<div>Category/ Type</div>
Purpose of Disbursement In-kind - Photo session w/ first lady			
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
B. Full Name (Last, First, Middle Initial) PAUOA ATHLETIC CLUB		Transaction ID: SB21B.57528 Date of Disbursement <div> <div>04</div> <div>24</div> <div>2007</div> </div>	
Mailing Address 2315 KANEALII AVE		Amount of Each Disbursement this Period <div>100.00</div>	
City HONOLULU	State HI	Zip Code 96813	<div>Category/ Type</div>
Purpose of Disbursement DONATION			
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
C. Full Name (Last, First, Middle Initial) PREMIUM FINANCING SPECIALISTS		Transaction ID: SB21B.57531 Date of Disbursement <div> <div>04</div> <div>01</div> <div>2007</div> </div>	
Mailing Address 22653 NETWORK PL		Amount of Each Disbursement this Period <div>798.09</div>	
City CHICAGO	State IL	Zip Code 60673	<div>Category/ Type</div>
Purpose of Disbursement LIABILITY INSURANCE			
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)

1898.09

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. R&K MAINTENANCE

Mailing Address 442 KAHA STREET

City KAILUA State HI Zip Code 96734

Purpose of Disbursement
MAINTENANCE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.57532

Date of Disbursement

04 / 03 / 2007

Amount of Each Disbursement this Period

94.24

Full Name (Last, First, Middle Initial)

B. SAM'S CLUB DISCOVER

Mailing Address PO BOX 960016

City ORLANDO State FL Zip Code 32896

Purpose of Disbursement
SAM'S CLUB

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.57533

Date of Disbursement

04 / 18 / 2007

Amount of Each Disbursement this Period

38.58

SUBTOTAL of Disbursements This Page (optional)

132.82

TOTAL This Period (last page this line number only)

31462.62

SCHEDULE H3 (FEC Form 3X)
TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

PAGE 50 / 54
 FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

NAME OF ACCOUNT

State and Local Account - Bank of HI

DATE OF RECEIPT

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	6		2	0	0	7

TOTAL AMOUNT TRANSFERRED

5512.48

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative

5512.48

Transaction ID: H3.57543

ii) Generic Voter Drive

Transaction ID:

iii) Exempt Activities

Transaction ID:

iv) Direct Fundraising (List Activity or Event Identifier)

a)

Transaction ID:

b)

Transaction ID:

c) Total Amount Transferred for Direct Fundraising

v) Direct Candidate Support (List of Activity or Event Identifier)

a)

Transaction ID:

b)

Transaction ID:

c) Total Amount Transferred For Direct Candidate Support

vi) Public Communications Referring Only to Party (Made by PAC)

Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)

5512.48

TOTAL This Period (Generic Voter Drive)

0.00

TOTAL This Period (Exempt Activities)

0.00

TOTAL This Period (Direct Fundraising)

0.00

TOTAL This Period (Direct Candidate Support)

0.00

TOTAL This Period (Public Communications Referring Only to Party)

0.00

TOTAL This Period (Total Amount Transferred)

5512.48

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

PAGE	51 / 54
FOR LINE 21a OF FORM 3X	

NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial)
CENTRAL PACIFIC BANK

Mailing Address

PO BOX 135010

City	State	Zip Code
HONOLULU	HI	96801

Purpose of Disbursement:
MORTGAGECategory/
TypeActivity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

22392.41

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	1	/	2	0	0	7

Transaction ID: H4.57468

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

267.15

474.92

742.07

B. Full Name (Last, First, Middle Initial)
CENTRAL PACIFIC BANK

Mailing Address

PO BOX 135010

City	State	Zip Code
HONOLULU	HI	96801

Purpose of Disbursement:
MORTGAGECategory/
TypeActivity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

23611.47

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	1	/	2	0	0	7

Transaction ID: H4.57469

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

438.86

780.20

1219.06

C. Full Name (Last, First, Middle Initial)
RICOH AMERICAS CORPORATION

Mailing Address

PO BOX 105533

City	State	Zip Code
ATLANTA	GA	30348

Purpose of Disbursement:
EQUIPMENT RENTALCategory/
TypeActivity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

24362.83

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	1	/	2	0	0	7

Transaction ID: H4.57473

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

270.49

480.87

751.36

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

976.50

1735.99

2712.49

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X) **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial)
 THE IMPERIAL PLAZA

Mailing Address

711 KAPIOLANI BLVD, SUITE 700

City	State	Zip Code
Honolulu	HI	96813

Purpose of Disbursement:
MAINTENANCECategory/
TypeActivity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

25994.68

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	1	/	2	0	0	7

Transaction ID: H4.57474

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

587.47

1044.38

1631.85

B. Full Name (Last, First, Middle Initial)
 THE IMPERIAL PLAZA

Mailing Address

711 KAPIOLANI BLVD, SUITE 700

City	State	Zip Code
Honolulu	HI	96813

Purpose of Disbursement:
UTILITIESCategory/
TypeActivity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

26342.24

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	1	/	2	0	0	7

Transaction ID: H4.57475

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

125.12

222.44

347.56

C. Full Name (Last, First, Middle Initial)
 HAWAIIAN TELCOM

Mailing Address

PO BOX 30770

City	State	Zip Code
HONOLULU	HI	96820

Purpose of Disbursement:
TELEPHONECategory/
TypeActivity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

26942.61

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	3	/	2	0	0	7

Transaction ID: H4.57471

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

216.13

384.24

600.37

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

928.72

1651.06

2579.78

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X) **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial)
 IMS, INC.

Mailing Address

46-001 KAMEHAMEHA HWY SUITE 201

City	State	Zip Code
KANEOHE	HI	96744

Purpose of Disbursement:
 ACCOUNTING

Category/
Type

Activity or Event Identifier:
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

27989.73

Date

M	M
0	4

 /

D	D
0	9

 /

Y	Y	Y	Y
2	0	0	7

Transaction ID: H4.57472

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

376.96

670.16

1047.12

B. Full Name (Last, First, Middle Initial)
 FRANCO TYP-POSTALIA INC

Mailing Address

PO BOX 4272

City	State	Zip Code
CAROL STREAM	IL	60197

Purpose of Disbursement:
 POSTAGE

Category/
Type

Activity or Event Identifier:
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

28239.73

Date

M	M
0	4

 /

D	D
1	2

 /

Y	Y	Y	Y
2	0	0	7

Transaction ID: H4.57470

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

90.00

160.00

250.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

466.96

830.16

1297.12

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

2372.18

4217.21

6589.39

Form/Schedule: **F3XA**

Transaction ID:

The Hawaii Republican party has not engaged in any specific federal election activity during this reporting period. There were no expenditures or disbursements for public communications (as defined under 11 CFR section 100.26) that refer to a clearly identified candidate for Federal office and that promote, support, attack or oppose any Federal candidate.
